

FILED JAN 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2166

BIRTH NO.		REG. DIST. NO. 310		PRIMARY REG. DIST. NO. 3058		Registrar's No. 5			
1. PLACE OF DEATH a. COUNTY St. Charles				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lincoln					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles		c. LENGTH OF STAY (In this place) 3 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Winfield		0 570 1			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) FLOYD WILLIAM JAMISON		b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) January 11-1950			
5. SEX MALE 0		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) DIVORCED 3		8. DATE OF BIRTH April 23, 1916			
9. AGE (In years last birthday) 33		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Assembler		11. BIRTHPLACE (State or foreign country) Winfield, RFD, Missouri		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Will Jamison		13b. MOTHER'S MAIDEN NAME Susan Skinner		14. NAME OF HUSBAND OR WIFE Florence JAMESON					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. 494-10-8195		17. INFORMANT'S SIGNATURE OR NAME Eileen Gladney Elsberry, Mo. ADDRESS					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) skull fracture ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) automobile accident-one car DUE TO (c) Highway was icy and car skidded on ice. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Highway was icy and car skidded on ice.				INTERVAL BETWEEN ONSET AND DEATH 88166 26	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 79		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Charles St. Charles Mo. 130					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. held inquest Jan. 16, 1950		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from Jan. 16, 1950, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:30 A.M., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Marion M. Carson		23b. ADDRESS Winfield		23c. DATE SIGNED 1-16-50					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-13-50		24c. NAME OF CEMETERY OR CREMATORY Argent Family Cemetery		24d. LOCATION (City, town, or county) (State) Winfield (RED) Missouri			
DATE REC'D BY LOCAL REG. 1-18-50		REGISTRAR'S SIGNATURE Ramon Ametson		25. FUNERAL DIRECTOR'S SIGNATURE Elsberry, Mo.					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
JAN 21 1950
District Health Officer No. 9,
District File Number

JAN 24 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Charles J. ...

Licensed Embalmer No. *4012*

P. O. Address *Elsberry, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.